

Name in Full

Certificate of Death

Died at *Harry* Town *Albion* County *Albion* **MARYLAND**
 Date 19*03* Month *Dec* Day *5* Y. M. D. *1* Native of *md* Occupation _____
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living _____

Husband of

Wife

Father's Name *John Williams* Mother's Maiden Name *Mary R. Rine*

Cause of Primary

How long sick

Death Immediate

*Comminution**151*

(Accident, Suicide, Homicide)

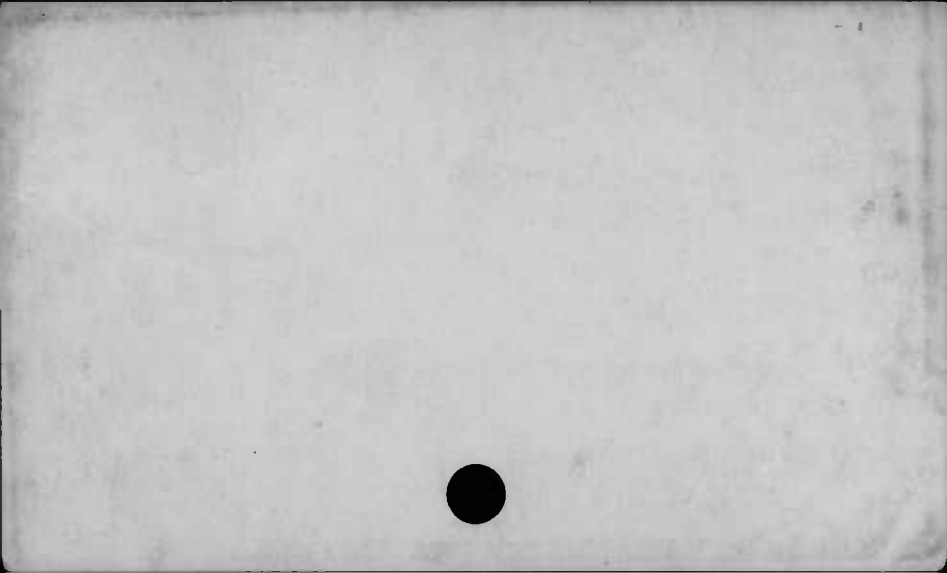
Reported by

Wm. W. Rine

Address

Albion, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

(Alexander)

Eva Alexander

Town

County

MARYLAND

Died at

Fairfield

AA

Date

1902

Month

2

Day

16

Age

Y.

M.

D.

7

Native of

Ma

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Chas Alexander

Mother's

Name

Kella Alexander

Cause of

Primary

Marasmus

How long sick

4 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Wm L Hacking J P Act Comm
Brooklyn

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808



Emma Bracehears

Town

County

Died at

Annapolis

Anne Arundel Co., MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 18th

Age

3

11

—

Maryland

Child

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~~~Number of children living~~~~Husband~~
of~~Wife~~

Father's

Name

Wm. Bracehears

Mother's

Maiden Name

Emeline Coats

Cause of

Primary

Tuberculosis

How long sick

6 mos +

Death

Immediate

Asthemia

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by

F. H. Thompson M.D.

Address

93 Church St. Annapolis, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Belia Brookes

Town

County

MARYLAND

Died at Annapolis

A. A.

Date 1902 Feb 8th Age 59 yrs Md Laundress

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living

Husband of John G. Brookes

Wife

Father's Name Joseph Gray Mother's Maiden Name Lydia Gray

Cause of Death { Primary Influenza (Typhoid state) How long sick Eight days

Immediate Exhaustion Accident, Suicide, Homicide

Reported by John Ridout M.D.

Address Annapolis Md. 10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Bryan

Died at Annapolis Town Ad County MARYLAND

Date 19 02 Month Sept Day 20th Y. 1 M. 1 D. 1 Age 1

Male White Married Widow Divorced Widower Number of children living 0

~~Female~~ ~~Colored~~ ~~Single~~

Husband of

Wife

Father's Name

Edward Bryan

Mother's Maiden Name

Mary Butler

Cause of

Primary

Premature Birth

How long sick

1 day

Death

Immediate

Accident, Suicide, Homicide

Reported by

Susan Watkin Midwife

Address

Winter Row Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70904



Name in Full

Certificate of Death

Mary Agnes Cager

Town

County

Died at

Wellham

Anne Arundel

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

2

9

Age

1

4

24

Maryland

Female

Colored

~~Single~~~~Widower~~~~Number of children living~~Husband
of
Wife

Father's

Name

Thomas Cager

Mother's

Name

Belle Wallace

Cause of

Primary

Pneumonia

93

How long sick

7 days

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Thos. P. Benson M.D.

Address

Wellham

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 65968



Mrs Mary Cook

Died at ^{Town} *Mary Anne Arundel* ^{County}

MARYLAND

Date 19 *02* ^{Month} *Feb* ^{Day} *25* | Age *62* | Native of *MD* | Occupation *Housewife*

~~Male~~ ☐ White ☐ Married ☐ Widow ☐ Divorced ☐ ☐ Number of children living *1*

Female ☐ ~~Colored~~ ☐ Single ☐ ~~Widower~~ ☐


~~Husband~~ of *William Cook*

Wife

Father's Name *Daniel Ball* Mother's Maiden Name

Cause of Death { Primary *Ague* | How long sick *24 hours*

Death { Immediate *Heart failure* | ~~Accident, Suicide, Homicide~~

Reported by *John Collinson*Address *South Pine*  *MD.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

H. Duburke

Town

County

Died at

Brooklyn

aa

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2

4

Age

59

9

Lab

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

93

How long sick

8 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Chas. A. Brooke

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79968



Name in Full

Certificate of Death

Robert Fisher

Town

County

Died at

MARYLAND

Died at *Annapolis*
 Date 1902 *Feb 5*
 Month *Feb* Day *5*
 Y. *5* M. *12* D. *7*
 Age *5* Native of *Md*
 Occupation *—*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Divorced ☐ Number of children living *—*

Husband of
Wife

Father's

Mother's

Name

Maiden Name

Charles Fisher
 Florence Gray

Cause of

Primary

Capillary Bronchitis

How long sick

5 days

Death

Immediate

Asphyxia

Accident, Suicide, Homicide

Reported by

Wm. S. Welch M.D.

Address

Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79608



William Galloway

Died at ^{Town} South River ^{County} Anne Arundel MARYLAND

Date 1902 Feb 9 Age 20 8 3 Native of Md Occupation Laborer

Male ~~White~~ Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name London Galloway Mother's Name ^{Maiden Name} Lianne Curtis

Cause of Death { Primary Bright disease
 Immediate Coma

How long sick 1 1/2 yrs
 Accident, Suicide, Homicide

Reported by John Collinson

Address South River Md 120

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas Gibson

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Annapolis Feb 11th

Age

53 9

Md.

Shoemaker

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~Husband
of
Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Kick in Abdomen

How long sick

Three days

Death

Immediate

Peritonitis & Int. Hem.

Accident, Suicide, Homicide

Reported by

John Ridout M.D.

Address

Annapolis Md

166

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809



Name in Full

Certificate of Death

Caroline Mc Gowan

Died at ^{Town} Annapolis ^{County} Ad MARYLAND

Date 1902 Feb 24th Month Day Y. M. D. Age 73 yr Native of Md Occupation Housewife

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored ~~Single~~ ~~Widower~~ Number of children living Four

Husband of Henry Mc Gowan
 Wife
 Father's Name Phillip James Mother's Maiden Name Hannah James

Cause of Death { Primary Senility 154 How long sick Six months
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by James S. Taylor Undertaker

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Henry Green

Town

County

Died at *his home* *Anne Arundel*

MARYLAND

Date 1902 *Feb* *22* Month Day Y. M. D. Age *60* Native of Occupation

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

4

Husband of

Wife

10

Father's

Mother's

Name

Maiden Name

*Andrew Green**Eliza Luntz*

Cause of

Primary

Grip

How long sick

Death

Immediate

Tuberculosis

Accident, Suicide, Homicide

Reported by

G. H. Evans

Address

*Armidale**Ja a. Co MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Solomon Griffin
 Town County

Died at

*Annapolis**Anne Arundel*

MARYLAND

Date 1902

Month Day
July - 27

Age

Y. M. D.
49 - -

Native of

Occupation

Calvert Co. Md. - Hardcarries

Male

~~White~~

Married

~~Widow~~~~Divorced~~

Number of children living *Seven*

Husband of
~~Wife~~

Annie Griffin

Father's

Name

John Griffin

Mother's

Maiden Name

Mary Jane Hall

Cause of

Primary

Pleurisy

How long sick

Two weeks

Death

Immediate

*Exhaustion**94*~~Accident, Suicide, Homicide~~

Reported by

D. E. Campbell

Address

10 2nd Street

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Harriet - Gross

Town

County

Died at

Churchton

A A

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 17

Age

74

Ind

Housewife

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widow~~

Number of children living

7

Husband

of

Wife

Father's

Name

John H. Coats

Mother's

Maiden Name

Sinah Johnson

Cause of

Primary

Pulmonary Consumption

How long sick

18 Months

Death

Immediate

Exhaustion

27

~~Accident, Suicide, Homicide~~

Reported by

Geo. T. Bent, M.D.

Address

Churchton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Theodore Gross

Died at ^{Town} 2^d dist ^{County} Anne Arundel MARYLAND

Date 19 02	Month July	Day 21	Age	Y. 1	M. 1	D. 6	Native of	Occupation
Male	White	Married						
Female	Colored	Single						Number of children living

Husband of _____
Wife

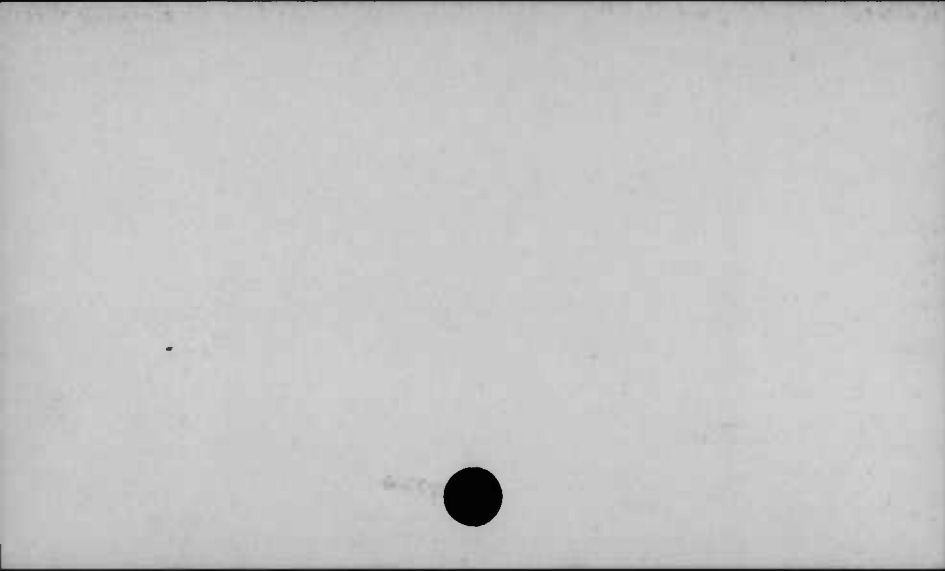
Father's Name	J Gross	Mother's Maiden Name	- Gross
---------------	---------	----------------------	---------

Cause of Death	Primary	Sick from birth	How long sick	6 days
	Immediate		Accident, Suicide, Homicide	

Reported by Father

Address 2^d dist A.A. County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs. Annie Rachael Harding

Died at ^{Town} Pateuxent ^{County} Anne Arundle MARYLAND

Date 1902 Feb. 10 Age 56 Native of Md. Occupation No.

~~Male~~ White Married ~~yes.~~ Widow Divorced No.

Female Colored Single ~~Widower~~ Number of children living Four

Husband of Thos. F. Harding

Wife

Father's Name John H. Waters. Mother's Maiden Name Miss Waters

Cause of Death { Primary Immediate Heart Disease

How long sick Six days

Accident, Suicide, Homicide

Reported by

Address

P. Gray, M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Hilgrove alias Mary Jackson

Town

County

Died at

Md House of Correction L. A. A. Co. MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2

4

Age

52 - -

Md

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Wife

of

Not known

Father's

Mother's

Name

Not known

Maiden Name

Not known

Cause of

Primary

Angina Pectoris

How long sick

One hour

Death

Immediate

Syncope 80

~~Accident, Suicide, Homicide~~

Reported by

O. P. Carries, M.D., Physician in Charge

Address

Jessup, Md. J. Md House of Correction

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Husband
of
WifeFather's
NameCause of
Death { Primary

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Janiszurski

Town

County

East Brooklyn

a-a

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Mother's
Name

Annie Janiszurski

How long sick

Still Born. Transverse Placenta

Accident, Suicide, Homicide

Charles Brooke

LIBRARY BUREAU, 79898



Holy Rosary Cemetery

Name in Full

Certificate of Death

Curtis Jennings

Died at ^{Town} *Mo House of Correction* ^{County} *A. A. Co.* MARYLANDDate 1902 ^{Month} *2* ^{Day} *4* ^{Y.} *21* ^{M.} *—* ^{D.} *—* Native of *Va.* Occupation *—*

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

~~Husband~~ of~~Wife~~Father's Name *Not Known* Mother's Name *Not Known*Cause of Death { Primary *Appendicitis* Immediate *118* How long sick *24 days* Accident, Suicide, HomicideReported by *C. P. Carrico M.D.* Physician in charge of *Mo House of Correction*
Address *Jessups, Md.*
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name In Full

Certificate of Death

Mrs. Mary E. Keith

Town

County

Died at

MARYLAND

Date 1902 Month 2 Day 12 Y. 70 M. D. Native of Maryland Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

none

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Bronchitis

How long sick

3 mos.

Death

Immediate

Asthma

90

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elizabeth Lane

Died at Smithville ^{Town} A.A.Co. ^{County} MARYLAND

Date 1902 Feb 21 ^{Month} ^{Day} Age 39 ^{Y.} ^{M.} ^{D.} Native of md Occupation Domestic

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living 5

~~Husband~~ of Henry Lane
 Wife
 Father's Name
 Mother's Name
 Maiden Name

Cause of Death { Primary Childbirth 136
 Immediate Shock & Heart failure

How long sick 1 day
 Accident, Suicide, Homicide

Reported by Wm. J. Welch M.D.

Address Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charles R Martin

Town

County

Died at Annapolis Anne Arundel MARYLAND

Date 1902 Feb. 7

Month

Day

Y.

M.

D.

Native of

Occupation

Age

40

Md.

Clerk

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband of Katherine Bright

Father's Name Thomas E Martin

Mother's

Maiden Name

Sarah W Bexby

Cause of Death Primary Tuberculosis

Primary

Tuberculosis

How long sick

6 mos.

Death

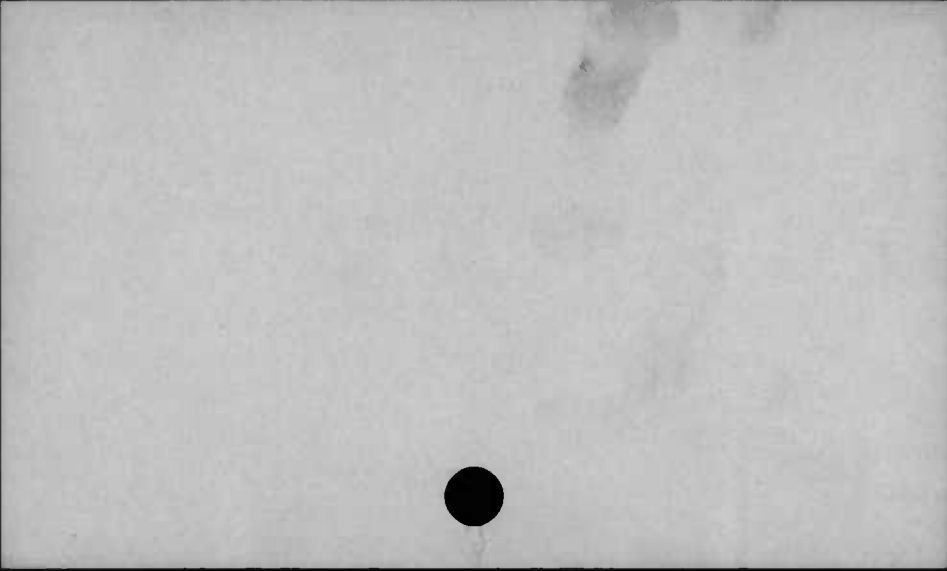
Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by W. Clement Claude M.D.,
Address 5 St. John St., Annapolis, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Thomas Rich

Town

County

Died at

Adenton

Anne Arundel

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2nd 16

Age

41

Md

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband of

Wife

Alice Rich

Father's

Name

Thomas R Rich

Mother's

Maiden Name

Elizabeth Millson

Cause of

Primary

railroad accident

~~How long sick~~

Death

Immediate

Accident, ~~Suicide~~, ~~Homicide~~

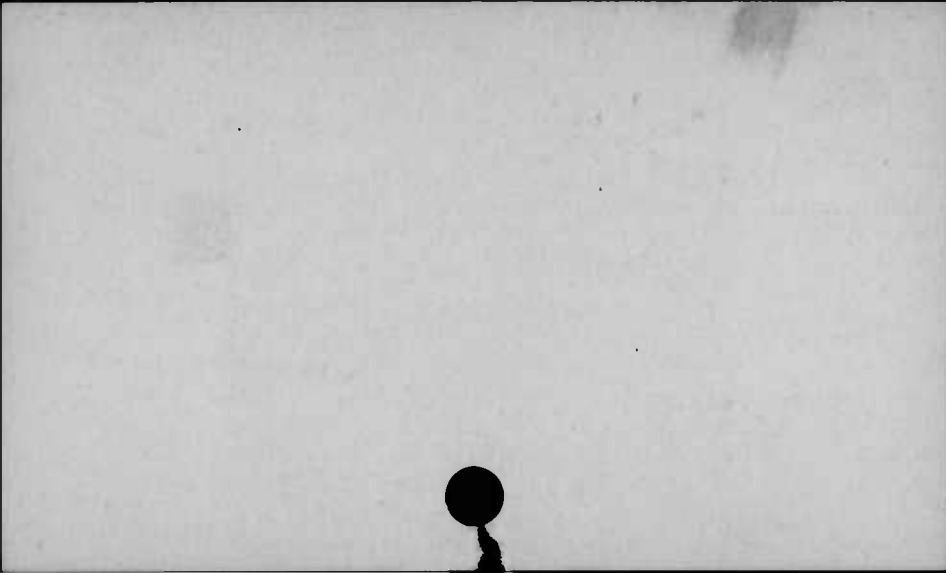
Reported by

L. H. E. Hasbys Justice of Peace

Address

Annapolis Janet R A. County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Riordan

Town

County

Died at Annapolis Anne Arundel MARYLAND

Date 1902 July 12 Age 65 Y. M. D. Ireland Occupation Farmer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 6

Husband of Katherine McCabe

Wife

Father's Name Patrick Riordan

Mother's Name

Cause of Death Primary Cancer

Death Immediate Exhausted & Brain

How long sick 45 3 years

Accident, Suicide, Homicide

Reported by Geo Wells M.D.

Address Annapolis Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edward Roger Robb

Town

County

MARYLAND

Died at

Annapolis Anne Arundel

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Feb.

5

Age

36

5

md

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

1

Husband

of

Sarah Louise Martin

~~Wife~~

Father's

Mother's

Name

Owron S. Robb

Maiden Name

Virginia A. Reger

Cause of

Primary

How long sick?

few minutes

Death

Immediate

Heart Failure 79

Accident, Suicide, Homicide

Reported by

Surrell S. Hefleyman md.

Address

State Circle Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

Joseph Schmidt

Town

Brooklyn

County

Essex Arcundel

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Feb. 6

Age 30

Austria

Fireman

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Henzel

Mother's

Name

Annie

Cause of

Primary

Dysentery

How long sick

7 mos.

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. H. Guller

Address

516 Hasover ST
13210.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79898

Attended by Dr. H. Buller

of Baltimore Md.

Seen by Coroner _____

of _____

Information contained in this certificate received

from Frank Schmidt (brother)

of Brooklyn

Name in Full

Certificate of Death

Maggie Schroeder

Town

County

Brooklyn

a a

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1902

2

23

Age

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Puerperal Peritonitis

How long sick

5 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Chas. V. Brooke

Address

[Redacted]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Schroeder

Town

County

MARYLAND

Died at

Brooklyn

a a

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7 17

Age

—

m

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

John C. Schroeder

Mother's

Name

Maggie Schroeder

Cause of

Primary

Still Born

How long sick

—

Death

Immediate

Accident, Suicide, Homicide

Reported by

Charles B. Moore

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Margaret Scott
Died at *Shady Side* *A.D. Co* MARYLAND
Date 19 *02* *2* *28* Month Day Y. M. D. Age *22* Native of *Md.* Occupation *House Wife*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of *James A. Scott*
Wife
Father's Name *James Johnson* Mother's Maiden Name *Rebecca Green*

Cause of Death Primary *Abortion* How long sick *1 Week*
Immediate *Uterine Haemorrhage* Accident, Suicide, Homicide

Reported by *Dr. C. B. Boyd*
Address *Shady Side* *Md.* *135*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Laura Buitt

Died at ^{Town} South River ^{County} Anne Arundel MARYLAND

Date 1902 Feb 14 Age 34 Native of Md Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Charles Buitt Mother's Maiden Name Mary Sheekels

Cause of Death Primary La Grippe Immediate Pneumonia

How long sick 12 days

Accident, Suicide, Homicide

Reported by John Callinan

Address South River Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Charles F Stuchencumb

Town

County

Died at

Annapolis Anne Arundel

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 19

Age

2 1

Md

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Charles F Stuchencumb

Mother's

Name

Julia Scibler

Cause of

Primary

How long sick

1 day

Death

Immediate

Spasms

Accident, Suicide, Homicide

Reported by

Geo Wells, M.D.

Address

Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Bertha Walter

Died at ^{Town} Brooklyn ^{County} a a MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	2	14		4		—	—
Male	White	Marr		Widow		Divorced	
Female	Colored	Single		Widower		Number of children living	

Husband of

Wife

Father's Name

Mother's Name

Cause of

Primary

Death

Immediate

How long sick

2 m

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Pran Wells

Died at *South River* ^{Town} *Anne Arundel* ^{County} MARYLAND

Date 19 *02* ^{Month} *Feb* ^{Day} *9* ^{Y.} *98* ^{M.} *98* ^{D.} *98* ^{Native of} *Md* ^{Occupation} *Laborer*

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ^{Number of children living} *1*

Husband of *Sigdney Torsey*
 Wife of *Edward Wells*
 Father's Name *Edward Wells* ^{Mother's} *Rachel Parren*
 Maiden Name

Cause of Death { Primary *Old age* ^{How long sick}
 Immediate *Senile debility* ^{Accident, Suicide, Homicide}

Reported by *John Collinson*
 Address *South River Md.* *154*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mabel A. Williams

Died at *Donnan Turn* Town *St. St.* County *Two* MARYLAND
 Date 19 *02* Month *Dec* Day *22* Age *1.7* Y. M. D. Native of *Ind* Occupation *—*
☒ Male ☐ Female ☒ White ☐ Colored ☒ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced Number of children living *—*

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of Death { Primary *Kerning on Throat* Immediate *Consumption* How long sick *27* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sarah Elmer Woodward

Died at ^{Town} Millersville ^{County} Anne Arundel MARYLAND

Date 1902 ^{Month} 2 ^{Day} 6 ^{Y.} ^{M.} ^{D.} Age 69.6 ^{Native of} Maryland ^{Occupation} Housekeeper

~~Male~~ ^{White} ~~Colored~~ ~~Married~~ ^{Single} ~~Widow~~ ^{Widow} ~~Divorced~~ ^{Number of children living}

Husband ☒ ofWife ☒

Father's Name

Rignald D Woodward

Mother's Maiden Name

Elizabeth Hedges

Cause of

Primary

Functional dis of the Heart

How long sick

Death

Immediate

Apoplexy

64

Accident, ~~suicide~~, ~~homicide~~

Reported by

Jas. E. Moguel

(JP)

acting coroner

Address

Gambrell

Anne Arundel

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

